Fill in this inform	nation to identify your case:	
Debtor 1	James Kim	
Debtor 2 (Spouse, if filing)		
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number	23-12004	Check if this is:
(If known)		■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,		■ Employed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	■ Not employed
	employers.	Occupation	General Contractor	Homemaker
	Include part-time, seasonal, or self-employed work.	Employer's name	Reliance Restorations LLC	
	Occupation may include student or homemaker, if it applies.			
		How long employed to	here? 6 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2.	>	0.00	\$	0.00
3	+\$	0.00	+\$	0.00
4.	\$	0.00	\$	0.00

For Debtor 1

For Debtor 2 or

non-filing spouse

Deb	tor 1	James Kim	_	C	Case number (if known)	23-1	2004		
					For Debtor 1	For	Debtor	2 or	
	_				<u> </u>		n-filing s	•	
	Cop	y line 4 here	4.		\$	\$_		0.00	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 0.00	\$		0.00)
	5b.	Mandatory contributions for retirement plans	5b).	\$ 0.00	\$		0.00)
	5c.	Voluntary contributions for retirement plans	5c	:.	\$ 0.00	\$		0.00	<u> </u>
	5d.	Required repayments of retirement fund loans	5d		\$0.00	\$_		0.00	
	5e.	Insurance	5e		\$ 0.00	\$ _		0.00	_
	5f. 5g.	Domestic support obligations Union dues	5f.		\$ 0.00 \$ 0.00	\$_ \$		0.00	_
	5g. 5h.	Other deductions. Specify:	5g 5h			+ \$-		0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ 0.00	·		0.00	_
						· —			
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	\$_		0.00	<u></u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a	١.	\$ 16,328.00	\$		0.00)
	8b.	Interest and dividends	8b).	\$ 0.00	\$		0.00	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce				•			
	04	settlement, and property settlement.	8c		\$ 0.00 \$ 0.00	\$_		0.00	_
	8d. 8e.	Unemployment compensation Social Security	8d 8e		\$ 0.00 \$ 0.00	\$_ \$		0.00	_
	8f.	Other government assistance that you regularly receive	00		Ψ	Ψ_		0.00	_
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$ 0.00	\$		0.00	
	8g.	Pension or retirement income	_ 8g		\$ 0.00	\$_		0.00	_
	8h.	Other monthly income. Specify: 1/12 IRS Refund	8h	•	\$ 265.00			0.00	_
		<u> </u>	_						<u>-</u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	16,593.00	\$_		0.0	0
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	16,593.00 + \$		0.00	= \$	16,593.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe		•	•		∍ J. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12.	\$	16,593.00
13.	Dov	you expect an increase or decrease within the year after you file this form	?					Combi	ined ly income
. ••		No.							
	_	Voc. Evoloin:							